FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K07468

(7)

K AND W ART WORKS, INC.

Mailing Address

710 N.65TH AVE

Principal Place of Business

6511 PIERCE STREET

FILED May 12 1997 8:00am Secretary of State



| HOLLYWOOD FL 33024 US | HOLLYWOOD FL 33024-784 US | 15 | | |
|---|---|---|---|---|
| | | | 3. Date Incorporated or Qualified 12/16/1987 | 3a. Date of Last Report 05/01/1996 |
| 2. Principal Place of Business | 2a. Mailing Address | -4-1 | 4. FEI Number | Applied For |
| 1 700 / 70,00.1 3 | treet 26 1001 N.E | . 1 st 5-tre | ET 65-0031788 | Not Applicable |
| Suite, Apt #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State Pompano But., F1 | City & State 28 Pom Nano | Bch #L | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 21p Country 24 33060 25 U.S. | A. 29 33060 | 30 U. S. A | This corporation has liability for i Florida Statutes | ntangible tax under s. 199.032, Yes X No |
| 9, Name and Address of | of Current Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| Lebowitz, Karen | | 81 Name | | |
| 6511 PIERCE ST. | | 82 Street Ac | Idress (P.O. Box Number is Not Acceptab | (a) |
| HOLLYWOOD FL 33024 | | 0 | | |
| | | 63 | | |
| | | 84 City | | FL 85 Zip Code |
| | 007.0500 1.007.6500 51.44.0 | | | |
| Pursuant to the provisions of Sections office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, typed or parted name of re- Signature. | egistored agent and title if applicable. (NOY | orida Statutes. E. Registered Agent signature re | quired when reinstating) | DATE |
| 4 | CERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| BILE U | DELETE | 1.1 TITLE | Lebouitz, Karen 1001 Nove. 1 st St | Change Addition |
| NAME LEBOWITZ, KAREN | • | 1.2 NAME | 100 + 11-x + et et | |
| STREET ADDRESS 6511 PIERCE ST. | بالصحير بالوفيس | 1.3 STREET ADDRESS | 1001 1016, 18, 91 | re es |
| CHY-S1-ZIP - WOLLYWOOD FL | • • • • | 1.4 CITY-ST-ZIP | Pompano Bch., F | 1.33060 |
| 701.6 | · · · · · · · · · · · · · · · · · · · | | | |
| THE | DELETE | 21 TITLE | | Change L Addition |
| NAME | L DELETE | 2 1 TITLE 2.2 NAME | | Change |
| | L] DELETE | | | Change L Addition |
| NAME | L.J DELETE | 2.2 NAME | | Change L Addition |
| NAME STREET ADDHESS | DELETE | 2.2 NAME 2.3 STREET ADDRESS | | |
| NAME STREET ADDHESS City-St-Zip | | 2.2 NAME 2.3 SYREET ADDRESS 2.4 CHY-ST-ZIP | | |
| NAME STREET ADDRESS City-St-ZiP THLE | | 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | 2.2 NAME 2.3 STREET ADDRESS 2.4 City-St-Zip 3.1 Title 3.2 NAME | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SPREET ADDRESS CITY-ST-ZIP TITLE | DELETE | 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Addition |
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Information status in the anomalous applied with this improves not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. Hurther certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

954-782-6610